

LSU Health Care Services Division

Department Description

The LSU Health Sciences Center, Health Care Services Division consists of the following:

- Earl K. Long Medical Center
- University Medical Center
- W. O. Moss Regional Medical Center
- Lallie Kemp Regional Medical Center
- Washington-St. Tammany Regional Medical Center
- Leonard J. Chabert Medical Center
- Medical Center of Louisiana at New Orleans and University Hospital

LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2006-2007	Enacted FY 2007-2008	Existing Oper Budget as of 12/01/07	Continuation FY 2008-2009	Recommended FY 2008-2009	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 75,798,614	\$ 79,945,971	\$ 73,707,793	\$ 76,793,521	\$ 73,788,199	\$ 80,406
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 75,798,614	\$ 79,945,971	\$ 73,707,793	\$ 76,793,521	\$ 73,788,199	\$ 80,406
Expenditures & Request:						
LA Health Care Services Division	\$ 75,798,614	\$ 79,945,971	\$ 73,707,793	\$ 76,793,521	\$ 73,788,199	\$ 80,406
Total Expenditures & Request	\$ 75,798,614	\$ 79,945,971	\$ 73,707,793	\$ 76,793,521	\$ 73,788,199	\$ 80,406



LSU Health Care Services Division Budget Summary

	Prior Year Actuals FY 2006-2007	Enacted FY 2007-2008	Existing Oper Budget as of 12/01/07	Continuation FY 2008-2009	Recommended FY 2008-2009	Total Recommended Over/Under EOB
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



19E-610 — LA Health Care Services Division



Agency Description

The mission of the LSU Health Sciences Center, Health Care Services Division is:

- To provide access to high quality medical care.
- To develop medical and clinical work force through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other healthcare providers and agencies to improve healthcare outcomes, while achieving objectives.

The goals of LSU Health Sciences Center, Health Care Services Division are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well-being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective, and compassionate care that is accessible, affordable, and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence-based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

For additional information, see:

[LA Health Care Services Division](#)

LA Health Care Services Division Budget Summary

	Prior Year Actuals FY 2006-2007	Enacted FY 2007-2008	Existing Oper Budget as of 12/01/07	Continuation FY 2008-2009	Recommended FY 2008-2009	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 75,798,614	\$ 79,945,971	\$ 73,707,793	\$ 76,793,521	\$ 73,788,199	\$ 80,406
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 75,798,614	\$ 79,945,971	\$ 73,707,793	\$ 76,793,521	\$ 73,788,199	\$ 80,406
Expenditures & Request:						
Earl K Long Medical Center	\$ 9,309,811	\$ 10,495,894	\$ 10,495,894	\$ 10,978,674	\$ 10,528,179	\$ 32,285
Huey P Long Medical Center	0	6,238,178	0	6,882	0	0
University Medical Center	3,966,499	4,740,043	4,740,043	4,954,495	4,751,047	11,004
W.O. Moss Regional Medical Center	5,298,548	4,870,342	4,870,342	5,078,932	4,869,891	(451)
Lallie Kemp Regional Medical Center	5,013,805	5,315,730	5,315,730	5,546,849	5,318,692	2,962
Washington-St Tammany Regional Medical Center	6,015,207	2,712,667	2,712,667	2,837,982	2,721,551	8,884
Leonard J Chabert Medical Center	9,796,720	4,278,150	4,278,150	4,478,584	4,294,962	16,812
Charity Hospital & Medical Center of Louisiana	36,398,024	41,294,967	41,294,967	42,911,123	41,303,877	8,910
Total Expenditures & Request	\$ 75,798,614	\$ 79,945,971	\$ 73,707,793	\$ 76,793,521	\$ 73,788,199	\$ 80,406
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



610_3000 — Earl K Long Medical Center



Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

The mission of the Earl K. Long Medical Center is:

- To provide access to high quality medical care.
- To develop medical and clinical work force through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other healthcare providers and agencies to improve healthcare outcomes, while achieving objectives.

The goals of Earl K. Long Medical Center are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well-being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective, and compassionate care that is accessible, affordable, and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence-based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

Since 1968, Earl K. Long Medical Center has served as a state-operated, primary and acute care, medical and teaching facility. The hospital serves families in East and West Baton Rouge, East and West Feliciana, Iberville, Livingston, and Pointe Coupee parishes. With several services targeted to the pediatric, adolescent, and adult populations, Earl K. Long's clinics serve high-risk infants, pediatric HIV, general pediatric, ADHD, allergies, diabetes, and Kid Med populations. The hospital treats patients from the Louisiana State Penitentiary

(Angola) and other surrounding prisons. Other clinics at Earl K. Long Medical Center include medicine, eye, early intervention, HIV, congestive heart failure, oncology, ambulatory care, family practice, general surgery, orthopedic, pediatric, oral surgery, diabetic foot care, wound care, asthma, and infusion. In addition to patient care, disease management, and clinic services, the medical center provides support functions such as pharmacy, blood bank, respiratory therapy, anesthesiology, and diagnostic services. The Medical Center license is for 157 beds, including six prisoner care beds and 44 off-site psychiatric care beds. In December 2007, LSU purchased an Outpatient Surgical Facility at 9032 Perkins Road in Baton Rouge. The facility will host one-day surgical procedures, a Post-Surgical Clinic, and Outpatient Radiology services.

For additional information, see:

[Earl K Long Medical Center](#)

Earl K Long Medical Center Budget Summary

	Prior Year Actuals FY 2006-2007	Enacted FY 2007-2008	Existing Oper Budget as of 12/01/07	Continuation FY 2008-2009	Recommended FY 2008-2009	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 9,309,811	\$ 10,495,894	\$ 10,495,894	\$ 10,978,674	\$ 10,528,179	\$ 32,285
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 9,309,811	\$ 10,495,894	\$ 10,495,894	\$ 10,978,674	\$ 10,528,179	\$ 32,285
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	9,309,811	10,495,894	10,495,894	10,978,674	10,528,179	32,285
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 9,309,811	\$ 10,495,894	\$ 10,495,894	\$ 10,978,674	\$ 10,528,179	\$ 32,285
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



Source of Funding

The source of funding for this program is State General Fund (Direct).

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 10,495,894	\$ 10,495,894	0	Existing Oper Budget as of 12/01/07
			Statewide Major Financial Changes:
32,285	32,285	0	Legislative Auditor Fees
			Non-Statewide Major Financial Changes:
\$ 10,528,179	\$ 10,528,179	0	Recommended FY 2008-2009
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 10,528,179	\$ 10,528,179	0	Base Executive Budget FY 2008-2009
\$ 10,528,179	\$ 10,528,179	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2008-2009.

Other Charges

Amount	Description
	Other Charges:
\$10,528,179	Funding for non-allowable costs
\$10,528,179	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2008-2009.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$10,528,179	TOTAL OTHER CHARGES



Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2008-2009.

Performance Information

1. (KEY) Provide an adequate infrastructure and supportive environment for teaching and learning.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Maintain adequate facilities and equipment (classrooms, on call rooms, resident housing).

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality healthcare for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Average daily census (LAPAS CODE - 9807)	102.0	119.0	115.0	115.0	127.0	103.0

In order for average daily census to be meaningful, it must be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data are calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. Forty-eight psych beds returned to the Department of Health and Hospitals effective January 1, 2008. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.

2. (KEY) Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 4.1 Provide accessible cost effective, high quality, healthcare.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.



Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2006-2007	FY 2006-2007	FY 2007-2008	FY 2007-2008	FY 2008-2009	FY 2008-2009
S	Number of staffed beds (LAPAS CODE - 9806)	134	149	138	138	183	106
Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.							
K	Emergency department visits (LAPAS CODE - 5854)	44,415	42,667	44,415	44,415	41,757	48,353
An emergency room visit is an immediate, unscheduled treatment by emergency room staff of an ill or injured person who requires medical or surgical care. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.							
K	Total outpatient encounters (LAPAS CODE - 9809)	179,795	180,958	179,795	179,795	199,459	199,459
Total outpatient encounters include clinic visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative, and educational services on a scheduled basis to ambulatory patients. An emergency room visit is an immediate, unscheduled treatment by emergency room staff of an ill or injured person who requires medical or surgical care. Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.							

3. (KEY) Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Goal 5

Objective 5.1 Continue the system-wide development of and increased participation in the disease management initiatives aimed at healthcare effectiveness and per patient cost avoidance attributed to the prevention of complications associated with these conditions: diabetes, asthma, cancer, congestive heart failure, HIV, tobacco control, chronic kidney disease, and hypertension.

Objective 5.2 Continue implementation of Clinical Pathways.

Objective 5.3 Continue Indigent Medication Support Services and provide HIV medication support services to HIV-positive patients and prisoners.

Objective 5.4 Continue the Office of Patient Advocacy Programs.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009

K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15452)	109	202	122	122	150	150
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Hospitalization includes hospitalization for any cause. The value expressed is inpatient days per 1,000 patients. Congestive heart failure is the heart's failure to pump effectively enough to meet the body's needs for oxygen-rich blood, either during exercise or at rest. Hospitalization days related to congestive heart failure is calculated by taking the number of admissions for any cause in the past quarter times 1000 and dividing the result by the number in the congestive heart failure population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15456)	41%	48%	41%	41%	17%	30%
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Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are glycated). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbgA1c<=7 and dividing that by the number of diabetics with current HbgA1c. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15458)	36%	34%	51%	51%	60%	60%
<p>Percentage of women ≥ 40 years of age with mammogram in the past year is calculated by taking the number of women ≥ 40 years of age with a mammogram in the past year and dividing that by the number of women ≥ 40 years of age. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15459)	25%	34%	41%	41%	70%	70%
<p>The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be performed. The Pap test is not a diagnostic test. It cannot be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test results, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition: American College of Obstetricians and Gynecologists (ACOG) Resource Center. Percentage of Women ≥ 18 years of age with a pap smear in the past year is calculated by taking the number of women ≥ 18 years of age with a pap smear in the past year and dividing that by the number of women in the population ≥ 18 years of age. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							

4. (KEY) Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Strategic Link: HCS D FY 2005-2010 Strategic Plan - Objective 6.1 Identify and respond to the customer service needs of the populations we serve and continually evaluate all internal and external customer reporting systems for efficiency and determination of need.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
		S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	13.3	15.5	13.3	13.3
	Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15451)	4.5	4.9	4.5	4.5	4.9	4.9
	Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. Reference: The Comprehensive Performance of U.S. Hospitals - The Sourcebook 2002. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						
K	Percentage of readmissions (LAPAS CODE - 9814)	9.3%	6.8%	9.3%	9.3%	9.3%	9.3%
	Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit, and psychiatric units. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						

5. (KEY) Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 7.1 Review vision, mission, and program priorities quarterly for the purpose of attaining and allocating resources.

Objective 7.2 Attract and retain the highest quality workforce responsive to the diversity of our region and of our state.

Objective 7.3 Establish and sustain dialogues with healthcare practitioners, policy makers, community leaders, and the public for development and dissemination of healthcare information.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality healthcare for every Louisiana citizen

Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services



Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Patient satisfaction survey rating (LAPAS CODE - 9815)	88%	93%	88%	88%	88%	88%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner ensuring statistically valid representation of the past population. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. Action plans are reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on the Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods," a performance level has been established that is consistent through all facilities. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.



610_4000 — Huey P Long Medical Center



Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

Huey P. Long Regional Medical Center is now budgeted as 600-10D0 under the LSU Board of Supervisors as per Act 220 of 2007.

For additional information, see:

[Huey P Long Medical Center](#)

Huey P Long Medical Center Budget Summary

	Prior Year Actuals FY 2006-2007	Enacted FY 2007-2008	Existing Oper Budget as of 12/01/07	Continuation FY 2008-2009	Recommended FY 2008-2009	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 0	\$ 6,238,178	\$ 0	\$ 6,882	\$ 0	\$ 0
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 0	\$ 6,238,178	\$ 0	\$ 6,882	\$ 0	\$ 0
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	0	6,238,178	0	6,882	0	0
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 0	\$ 6,238,178	\$ 0	\$ 6,882	\$ 0	\$ 0



Huey P Long Medical Center Budget Summary

	Prior Year Actuals FY 2006-2007	Enacted FY 2007-2008	Existing Oper Budget as of 12/01/07	Continuation FY 2008-2009	Recommended FY 2008-2009	Total Recommended Over/Under EOB
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The source of funding for this program is State General Fund (Direct).

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ (6,238,178)	\$ (6,238,178)	0	Mid-Year Adjustments (BA-7s):
\$ 0	\$ 0	0	Existing Oper Budget as of 12/01/07
Statewide Major Financial Changes:			
Non-Statewide Major Financial Changes:			
\$ 0	\$ 0	0	Recommended FY 2008-2009
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 0	\$ 0	0	Base Executive Budget FY 2008-2009
\$ 0	\$ 0	0	Grand Total Recommended



610_5000 — University Medical Center



Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

The mission of the University Medical Center is:

- To provide access to high quality medical care.
- To develop medical and clinical work force through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other healthcare providers and agencies to improve healthcare outcomes, while achieving objectives.

The goals of University Medical Center are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well-being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective, and compassionate care that is accessible, affordable, and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence-based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

The University Medical Center (Lafayette) serves as an acute primary care medical facility providing health-care services for all citizens in Southwest Louisiana (Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermillion parishes) and as an educational site of six residency programs of the LSU School of Medicine in New Orleans (Family Practice, Internal Medicine, General Surgery, Orthopedic Surgery, Obstetrics/Gynecology, and Ear, Nose and Throat). In addition, junior and senior students from the LSU School of

Medicine in New Orleans are assigned to the University Medical Center. The hospital provides multiple services targeted to the pediatric, adolescent, and adult populations, including women/infant/children programs, disease management programs for diabetes and asthma, kid-med clinic, literacy programs and pediatric walk-in clinics. In addition to the provision of acute, primary, and general critical care to the indigent, Medicaid, and Medicare populations, the hospital provides support functions such as pharmacy blood bank, respiratory therapy, anesthesiology, and various diagnostic services.

For additional information, see:

[University Medical Center](#)

University Medical Center Budget Summary

	Prior Year Actuals FY 2006-2007	Enacted FY 2007-2008	Existing Oper Budget as of 12/01/07	Continuation FY 2008-2009	Recommended FY 2008-2009	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 3,966,499	\$ 4,740,043	\$ 4,740,043	\$ 4,954,495	\$ 4,751,047	\$ 11,004
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 3,966,499	\$ 4,740,043	\$ 4,740,043	\$ 4,954,495	\$ 4,751,047	\$ 11,004
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	3,966,499	4,740,043	4,740,043	4,954,495	4,751,047	11,004
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 3,966,499	\$ 4,740,043	\$ 4,740,043	\$ 4,954,495	\$ 4,751,047	\$ 11,004
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



Source of Funding

The source of funding for this program is State General Fund (Direct).

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 4,740,043	\$ 4,740,043	0	Existing Oper Budget as of 12/01/07
			Statewide Major Financial Changes:
11,004	11,004	0	Legislative Auditor Fees
			Non-Statewide Major Financial Changes:
\$ 4,751,047	\$ 4,751,047	0	Recommended FY 2008-2009
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 4,751,047	\$ 4,751,047	0	Base Executive Budget FY 2008-2009
\$ 4,751,047	\$ 4,751,047	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2008-2009.

Other Charges

Amount	Description
	Other Charges:
\$4,751,047	Funding for non-allowable costs
\$4,751,047	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2008-2009.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$4,751,047	TOTAL OTHER CHARGES



Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2008-2009.

Performance Information

1. (KEY) Provide an adequate infrastructure and supportive environment for teaching and learning.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 1.1 Maintain adequate facilities and equipment (classrooms, on call rooms, resident housing).

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality healthcare for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Average daily census (LAPAS CODE - 9839)	77.0	86.3	80.0	80.0	85.0	85.0

In order for average daily census to be meaningful, it must be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data are calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.

2. (KEY) Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 4.1 Provide accessible cost effective, high quality, healthcare.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.



Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
S	Number of staffed beds (LAPAS CODE - 9838)	104	109	115	115	110	110
<p>Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Emergency department visits (LAPAS CODE - 5866)	44,267	42,863	41,000	41,000	40,000	40,000
<p>An emergency room visit is an immediate, unscheduled treatment by emergency room staff of an ill or injured person who requires medical or surgical care. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Total outpatient encounters (LAPAS CODE - 8613)	163,727	179,097	171,000	171,000	171,000	171,000
<p>Total outpatient encounters include clinic visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative, and educational services on a scheduled basis to ambulatory patients. An emergency room visit is an immediate, unscheduled treatment by emergency room staff of an ill or injured person who requires medical or surgical care. Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							

3. (KEY) Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Goal 5

Objective 5.1 Continue the system-wide development of and increased participation in the disease management initiatives aimed at healthcare effectiveness and per patient cost avoidance attributed to the prevention of complications associated with these conditions: diabetes, asthma, cancer, congestive heart failure, HIV, tobacco control, chronic kidney disease, and hypertension.

Objective 5.2 Continue implementation of Clinical Pathways.



Objective 5.3 Continue Indigent Medication Support Services and provide HIV medication support services to HIV-positive patients and prisoners.

Objective 5.4 Continue the Office of Patient Advocacy Programs.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15472)	57	190	57	57	200	200
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15476)	43%	57%	43%	43%	50%	50%

Hospitalization includes hospitalization for any cause. The value expressed is inpatient days per 1,000 patients. Congestive heart failure is the heart's failure to pump effectively enough to meet the body's needs for oxygen-rich blood, either during exercise or at rest. Hospitalization days related to congestive heart failure is calculated by taking the number of admissions for any cause in the past quarter times 1000 and dividing the result by the number in the congestive heart failure population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.

Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a glycosylated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are glycosylated). Once glycosylated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbA1c<=7 and dividing that by the number of diabetics with current HbA1c. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15478)	34%	40%	34%	34%	40%	40%
<p>Percentage of women >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women >=40 years of age. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15479)	26%	39%	26%	26%	35%	35%
<p>The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be performed. The Pap test is not a diagnostic test. It cannot be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test results, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition: American College of Obstetricians and Gynecologists (ACOG) Resource Center. Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							

4. (KEY) Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 6.1 Identify and respond to the customer service needs of the populations we serve and continually evaluate all internal and external customer reporting systems for efficiency and determination of need.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15470)	14.8	16.4	14.8	14.8	16.0	16.0
<p>Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15471)	4.5	4.6	4.5	4.5	4.5	4.6
<p>Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. Reference: The Comprehensive Performance of U.S. Hospitals - The Sourcebook 2002. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9849)	10.5%	6.2%	10.5%	10.5%	6.5%	6.5%
<p>Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit, and psychiatric units. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							

5. (KEY) Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 7.1 Review vision, mission, and program priorities quarterly for the purpose of attaining and allocating resources.

Objective 7.2 Attract and retain the highest quality workforce responsive to the diversity of our region and of our state.

Objective 7.3 Establish and sustain dialogues with healthcare practitioners, policy makers, community leaders, and the public for development and dissemination of healthcare information.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality healthcare for every Louisiana citizen

Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
		K Patient satisfaction survey rating (LAPAS CODE - 9845)	90%	93%	90%	90%	90%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner ensuring statistically valid representation of the past population. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. Action plans are reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on the Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods," a performance level has been established that is consistent through all facilities. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.



610_6000 — W.O. Moss Regional Medical Center



Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

The mission of the W. O. Moss Regional Medical Center is:

- To provide access to high quality medical care.
- To develop medical and clinical work force through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other healthcare providers and agencies to improve healthcare outcomes, while achieving objectives.

The goals of W. O. Moss Regional Medical Center are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well-being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective, and compassionate care that is accessible, affordable, and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence-based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

W. O. Moss Regional Medical Center serves a five-parish area in Southwest Louisiana (Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis). The hospital provides multiple services targeted to the pediatric, adolescent, and adult populations, including women/infant/children programs, ADHD clinic, sickle anemia clinic, pediatric cardiology clinic, disease management programs for diabetes and asthma, kid med clinic, and pediatric walk-in. In addition to the provision of acute, primary, general critical medical care to indigent, Medicare, and Medicaid populations, the hospital provides support functions such as pharmacy, blood bank, respiratory therapy, anesthesiology, and various diagnostic services.

For additional information, see:

[W.O. Moss Regional Medical Center](#)

W.O. Moss Regional Medical Center Budget Summary

	Prior Year Actuals FY 2006-2007	Enacted FY 2007-2008	Existing Oper Budget as of 12/01/07	Continuation FY 2008-2009	Recommended FY 2008-2009	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 5,298,548	\$ 4,870,342	\$ 4,870,342	\$ 5,078,932	\$ 4,869,891	\$ (451)
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 5,298,548	\$ 4,870,342	\$ 4,870,342	\$ 5,078,932	\$ 4,869,891	\$ (451)
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	5,298,548	4,870,342	4,870,342	5,078,932	4,869,891	(451)
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 5,298,548	\$ 4,870,342	\$ 4,870,342	\$ 5,078,932	\$ 4,869,891	\$ (451)
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



Source of Funding

The source of funding for this program is State General Fund (Direct).

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 4,870,342	\$ 4,870,342	0	Existing Oper Budget as of 12/01/07
			Statewide Major Financial Changes:
(451)	(451)	0	Legislative Auditor Fees
			Non-Statewide Major Financial Changes:
\$ 4,869,891	\$ 4,869,891	0	Recommended FY 2008-2009
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 4,869,891	\$ 4,869,891	0	Base Executive Budget FY 2008-2009
\$ 4,869,891	\$ 4,869,891	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2008-2009.

Other Charges

Amount	Description
	Other Charges:
\$4,869,891	Funding for non-allowable costs
\$4,869,891	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2008-2009.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$4,869,891	TOTAL OTHER CHARGES



Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2008-2009

Performance Information

1. (KEY) Provide an adequate infrastructure and supportive environment for teaching and learning.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 1.1 Maintain adequate facilities and equipment (classrooms, on call rooms, resident housing).

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality healthcare for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
		K	Average daily census (LAPAS CODE - 9853)	25.0	25.5	25.0	25.0

In order for average daily census to be meaningful, it must be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data are calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.

2. (KEY) Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 4.1 Provide accessible cost effective, high quality, healthcare.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.



Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
S	Number of staffed beds (LAPAS CODE - 9852)	32	34	32	32	34	34
	Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						
K	Emergency department visits (LAPAS CODE - 5872)	23,886	20,641	23,886	23,886	24,964	24,694
	An emergency room visit is an immediate, unscheduled treatment by emergency room staff of an ill or injured person who requires medical or surgical care. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						
K	Total outpatient encounters (LAPAS CODE - 8617)	81,781	80,147	81,781	81,781	104,026	104,026
	Total outpatient encounters include clinic visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative, and educational services on a scheduled basis to ambulatory patients. An emergency room visit is an immediate, unscheduled treatment by emergency room staff of an ill or injured person who requires medical or surgical care. Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						

3. (KEY) Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Goal 5

Objective 5.1 Continue the system-wide development of and increased participation in the disease management initiatives aimed at healthcare effectiveness and per patient cost avoidance attributed to the prevention of complications associated with these conditions: diabetes, asthma, cancer, congestive heart failure, HIV, tobacco control, chronic kidney disease, and hypertension.

Objective 5.2 Continue implementation of Clinical Pathways.

Objective 5.3 Continue Indigent Medication Support Services and provide HIV medication support services to HIV-positive patients and prisoners.

Objective 5.4 Continue the Office of Patient Advocacy Programs.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15482)	59	65	59	59	59	59

Hospitalization includes hospitalization for any cause. The value expressed is inpatient days per 1,000 patients. Congestive heart failure is the heart's failure to pump effectively enough to meet the body's needs for oxygen-rich blood, either during exercise or at rest. Hospitalization days related to congestive heart failure is calculated by taking the number of admissions for any cause in the past quarter times 1000 and dividing the result by the number in the congestive heart failure population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15486)	36%	58%	36%	36%	60%	60%
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Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are glycated). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbA1c<=7 and dividing that by the number of diabetics with current HbA1c. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15488)	45%	48%	45%	45%	46%	46%
	Percentage of women >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women >=40 years of age. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15489)	20%	32%	20%	20%	46%	46%
	The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be performed. The Pap test is not a diagnostic test. It cannot be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test results, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition: American College of Obstetricians and Gynecologists (ACOG) Resource Center. Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						

4. (KEY) Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 6.1 Identify and respond to the customer service needs of the populations we serve and continually evaluate all internal and external customer reporting systems for efficiency and determination of need.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15480)	8.2	10.4	8.2	8.2	8.2	8.2
<p>Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15481)	4.7	4.4	4.7	4.7	4.7	4.7
<p>Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. Reference: The Comprehensive Performance of U.S. Hospitals - The Sourcebook 2002. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9589)	10.1%	8.9%	10.1%	10.1%	10.1%	10.1%
<p>Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit, and psychiatric units. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							

5. (KEY) Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 7.1 Review vision, mission, and program priorities quarterly for the purpose of attaining and allocating resources.

Objective 7.2 Attract and retain the highest quality workforce responsive to the diversity of our region and of our state.

Objective 7.3 Establish and sustain dialogues with healthcare practitioners, policy makers, community leaders, and the public for development and dissemination of healthcare information.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality healthcare for every Louisiana citizen



Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Patient satisfaction survey rating (LAPAS CODE - 9860)	92%	93%	92%	92%	93%	93%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner ensuring statistically valid representation of the past population. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. Action plans are reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on the Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods," a performance level has been established that is consistent through all facilities. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.



610_7000 — Lallie Kemp Regional Medical Center



Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

The mission of the Lallie Kemp Medical Center is:

- To provide access to high quality medical care.
- To develop medical and clinical work force through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other healthcare providers and agencies to improve healthcare outcomes, while achieving objectives.

The goals Lallie Kemp Medical Center are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well-being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective, and compassionate care that is accessible, affordable, and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence-based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

Lallie Kemp Medical Center is recognized as one of the leading small rural hospitals in the delivery of health-care services. Multiple services are targeted to the Florida parishes' pediatric, adolescent, and adult populations, including immunization clinic, asthma care programs, ADD management program, diabetes services, well childcare and general pediatric clinics. The medical center not only provides acute, primary, and general critical medical care to indigent, Medicare, and Medicaid populations, but also provides support functions such as pharmacy, blood bank, respiratory therapy, anesthesiology, and various diagnostic services.

For additional information, see:

[Lallie Kemp Regional Medical Center](#)

Lallie Kemp Regional Medical Center Budget Summary

	Prior Year Actuals FY 2006-2007	Enacted FY 2007-2008	Existing Oper Budget as of 12/01/07	Continuation FY 2008-2009	Recommended FY 2008-2009	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 5,013,805	\$ 5,315,730	\$ 5,315,730	\$ 5,546,849	\$ 5,318,692	\$ 2,962
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 5,013,805	\$ 5,315,730	\$ 5,315,730	\$ 5,546,849	\$ 5,318,692	\$ 2,962
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	5,013,805	5,315,730	5,315,730	5,546,849	5,318,692	2,962
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 5,013,805	\$ 5,315,730	\$ 5,315,730	\$ 5,546,849	\$ 5,318,692	\$ 2,962
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



Source of Funding

The source of funding for this program is State General Fund (Direct).

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 5,315,730	\$ 5,315,730	0	Existing Oper Budget as of 12/01/07
Statewide Major Financial Changes:			
2,962	2,962	0	Legislative Auditor Fees
Non-Statewide Major Financial Changes:			
\$ 5,318,692	\$ 5,318,692	0	Recommended FY 2008-2009
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 5,318,692	\$ 5,318,692	0	Base Executive Budget FY 2008-2009
\$ 5,318,692	\$ 5,318,692	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2008-2009.

Other Charges

Amount	Description
Other Charges:	
\$5,318,692	Funding for non-allowable costs
\$5,318,692	SUB-TOTAL OTHER CHARGES
Interagency Transfers:	
	There is no specific allocation for Interagency Transfers for Fiscal Year 2008-2009.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$5,318,692	TOTAL OTHER CHARGES



Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2008-2009.

Performance Information

1. (KEY) Provide an adequate infrastructure and supportive environment for teaching and learning.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 1.1 Maintain adequate facilities and equipment (classrooms, on call rooms, resident housing).

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality healthcare for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Average daily census (LAPAS CODE - 9868)	17.0	10.6	15.0	15.0	12.0	12.0

In order for average daily census to be meaningful, it must be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data are calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.

2. (KEY) Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 4.1 Provide accessible cost effective, high quality, healthcare.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.



Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
S	Number of staffed beds (LAPAS CODE - 9867)	25	19	25	25	25	25
<p>Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Emergency department visits (LAPAS CODE - 5878)	28,223	25,494	27,132	27,132	26,259	26,500
<p>An emergency room visit is an immediate, unscheduled treatment by emergency room staff of an ill or injured person who requires medical or surgical care. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Total outpatient encounters (LAPAS CODE - 9810)	107,206	82,749	93,830	93,830	105,085	105,000
<p>Total outpatient encounters include clinic visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative, and educational services on a scheduled basis to ambulatory patients. An emergency room visit is an immediate, unscheduled treatment by emergency room staff of an ill or injured person who requires medical or surgical care. Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							

3. (KEY) Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Goal 5

Objective 5.1 Continue the system-wide development of and increased participation in the disease management initiatives aimed at healthcare effectiveness and per patient cost avoidance attributed to the prevention of complications associated with these conditions: diabetes, asthma, cancer, congestive heart failure, HIV, tobacco control, chronic kidney disease, and hypertension.

Objective 5.2 Continue implementation of Clinical Pathways.



Objective 5.3 Continue Indigent Medication Support Services and provide HIV medication support services to HIV-positive patients and prisoners.

Objective 5.4 Continue the Office of Patient Advocacy Programs.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15492)	111	116	111	111	111	111
K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15496)	49%	59%	51%	51%	59%	59%

Hospitalization includes hospitalization for any cause. The value expressed is inpatient days per 1,000 patients. Congestive heart failure is the heart's failure to pump effectively enough to meet the body's needs for oxygen-rich blood, either during exercise or at rest. Hospitalization days related to congestive heart failure is calculated by taking the number of admissions for any cause in the past quarter times 1000 and dividing the result by the number in the congestive heart failure population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.

Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are glycated). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbgA1c<=7 and dividing that by the number of diabetics with current HbgA1c. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.

Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15498)	32%	30%	41%	41%	41%	32%
<p>Percentage of women >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women >=40 years of age. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15499)	33%	28%	29%	29%	29%	29%
<p>The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be performed. The Pap test is not a diagnostic test. It cannot be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test results, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition: American College of Obstetricians and Gynecologists (ACOG) Resource Center. Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							

4. (KEY) Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 6.1 Identify and respond to the customer service needs of the populations we serve and continually evaluate all internal and external customer reporting systems for efficiency and determination of need.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 21330)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<p>Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15491)	4.5	3.8	3.9	3.9	3.9	4.0
<p>Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. Reference: The Comprehensive Performance of U.S. Hospitals - The Sourcebook 2002. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9876)	8.9%	8.8%	8.9%	8.9%	8.9%	8.9%
<p>Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit, and psychiatric units. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							

5. (KEY) Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 7.1 Review vision, mission, and program priorities quarterly for the purpose of attaining and allocating resources.

Objective 7.2 Attract and retain the highest quality workforce responsive to the diversity of our region and of our state.

Objective 7.3 Establish and sustain dialogues with healthcare practitioners, policy makers, community leaders, and the public for development and dissemination of healthcare information.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality healthcare for every Louisiana citizen



Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
		K Patient satisfaction survey rating (LAPAS CODE - 9870)	89%	93%	95%	95%	95%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner ensuring statistically valid representation of the past population. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. Action plans are reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on the Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods," a performance level has been established that is consistent through all facilities. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.



610_8000 — Washington-St Tammany Regional Medical Center



Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

The mission of the Washington-St. Tammany Regional Medical Center is:

- To provide access to high quality medical care.
- To develop medical and clinical work force through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other healthcare providers and agencies to improve healthcare outcomes, while achieving objectives.

The goals of Washington-St. Tammany Regional Medical Center are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well-being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective, and compassionate care that is accessible, affordable, and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence-based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

Washington-St. Tammany Regional Medical Center provides multiple services targeted to the pediatric, adolescent, and adult populations, including women/infant/children programs, disease management programs for diabetes and asthma, kid med clinic, and Reach Out and Read Children’s Literacy. In addition to the provision of acute, primary, and general critical medical care to indigent, Medicare, and Medicaid populations, the hospital provides support functions such as pharmacy, blood bank, respiratory therapy, anesthesiology, and various diagnostic services.

For additional information, see:

[Washington-St Tammany Regional Medical Center](#)

Washington-St Tammany Regional Medical Center Budget Summary

	Prior Year Actuals FY 2006-2007	Enacted FY 2007-2008	Existing Oper Budget as of 12/01/07	Continuation FY 2008-2009	Recommended FY 2008-2009	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 6,015,207	\$ 2,712,667	\$ 2,712,667	\$ 2,837,982	\$ 2,721,551	\$ 8,884
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 6,015,207	\$ 2,712,667	\$ 2,712,667	\$ 2,837,982	\$ 2,721,551	\$ 8,884
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	6,015,207	2,712,667	2,712,667	2,837,982	2,721,551	8,884
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 6,015,207	\$ 2,712,667	\$ 2,712,667	\$ 2,837,982	\$ 2,721,551	\$ 8,884
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0



Source of Funding

The source of funding for this program is State General Fund (Direct).

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 2,712,667	\$ 2,712,667	0	Existing Oper Budget as of 12/01/07
			Statewide Major Financial Changes:
8,884	8,884	0	Legislative Auditor Fees
			Non-Statewide Major Financial Changes:
\$ 2,721,551	\$ 2,721,551	0	Recommended FY 2008-2009
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 2,721,551	\$ 2,721,551	0	Base Executive Budget FY 2008-2009
\$ 2,721,551	\$ 2,721,551	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2008-2009.

Other Charges

Amount	Description
	Other Charges:
\$2,721,551	Funding for non-allowable costs
\$2,721,551	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2008-2009.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$2,721,551	TOTAL OTHER CHARGES



Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2008-2009.

Performance Information

1. (KEY) Provide an adequate infrastructure and supportive environment for teaching and learning.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 1.1 Maintain adequate facilities and equipment (classrooms, on call rooms, resident housing).

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality healthcare for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Average daily census (LAPAS CODE - 9885)	56.0	45.0	56.0	56.0	56.0	52.0

In order for average daily census to be meaningful, it must be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data are calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.

2. (KEY) Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 4.1 Provide accessible cost effective, high quality, healthcare.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.



Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
S	Number of staffed beds (LAPAS CODE - 9884)	82	59	82	82	82	66
	Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						
K	Emergency department visits (LAPAS CODE - 5884)	28,913	26,400	28,913	28,913	29,165	29,165
	An emergency room visit is an immediate, unscheduled treatment by emergency room staff of an ill or injured person who requires medical or surgical care. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						
K	Total outpatient encounters (LAPAS CODE - 8625)	79,957	84,297	79,957	79,957	79,957	92,258
	Total outpatient encounters include clinic visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative, and educational services on a scheduled basis to ambulatory patients. An emergency room visit is an immediate, unscheduled treatment by emergency room staff of an ill or injured person who requires medical or surgical care. Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						

3. (KEY) Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Goal 5

Objective 5.1 Continue the system-wide development of and increased participation in the disease management initiatives aimed at healthcare effectiveness and per patient cost avoidance attributed to the prevention of complications associated with these conditions: diabetes, asthma, cancer, congestive heart failure, HIV, tobacco control, chronic kidney disease, and hypertension.

Objective 5.2 Continue implementation of Clinical Pathways.

Objective 5.3 Continue Indigent Medication Support Services and provide HIV medication support services to HIV-positive patients and prisoners.

Objective 5.4 Continue the Office of Patient Advocacy Programs.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values				
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009

K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15509)	179	87	179	179	179	179
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Hospitalization includes hospitalization for any cause. The value expressed is inpatient days per 1,000 patients. Congestive heart failure is the heart's failure to pump effectively enough to meet the body's needs for oxygen-rich blood, either during exercise or at rest. Hospitalization days related to congestive heart failure is calculated by taking the number of admissions for any cause in the past quarter times 1000 and dividing the result by the number in the congestive heart failure population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.

K	Percentage of diabetic patients with long term glycemetic control (LAPAS CODE - 15506)	46%	60%	46%	46%	46%	60%
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Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a glycated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are glycated). Once glycated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbA1c<=7 and dividing that by the number of diabetics with current HbA1c. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15508)	32%	28%	32%	32%	32%	32%
	Percentage of women >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women >=40 years of age. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15502)	23%	31%	23%	23%	30%	30%
	The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be performed. The Pap test is not a diagnostic test. It cannot be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test results, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition: American College of Obstetricians and Gynecologists (ACOG) Resource Center. Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						

4. (KEY) Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 6.1 Identify and respond to the customer service needs of the populations we serve and continually evaluate all internal and external customer reporting systems for efficiency and determination of need.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15450)	13.1	13.1	13.1	13.1	13.1	13.1
<p>Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
S	Average length of stay for acute medical surgery (LAPAS CODE - 15454)	5.3	4.9	5.3	5.3	5.0	5.0
<p>Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. Reference: The Comprehensive Performance of U.S. Hospitals - The Sourcebook 2002. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9814)	15.7%	11.5%	15.7%	15.7%	13.0%	13.0%
<p>Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit, and psychiatric units. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							

5. (KEY) Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 7.1 Review vision, mission, and program priorities quarterly for the purpose of attaining and allocating resources.

Objective 7.2 Attract and retain the highest quality workforce responsive to the diversity of our region and of our state.

Objective 7.3 Establish and sustain dialogues with healthcare practitioners, policy makers, community leaders, and the public for development and dissemination of healthcare information.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality healthcare for every Louisiana citizen

Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services



Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
		K Patient satisfaction survey rating (LAPAS CODE - 9891)	94%	93%	94%	94%	90%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner ensuring statistically valid representation of the past population. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. Action plans are reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on the Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods," a performance level has been established that is consistent through all facilities. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.



610_9000 — Leonard J Chabert Medical Center

Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

The mission of the Leonard J. Chabert Medical Center is:

- To provide access to high quality medical care.
- To develop medical and clinical work force through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other healthcare providers and agencies to improve healthcare outcomes, while achieving objectives.

The goals of Leonard J. Chabert Medical Center are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well-being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective, and compassionate care that is accessible, affordable, and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence-based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

Leonard J. Chabert Medical Center services families in a five-parish area near the Gulf of Mexico (Assumption, Lafourche, St. James, St. Mary, and Terrebonne). The hospital provides multiple services targeted to the pediatric, adolescent, and adult populations, including women/infant/children programs, disease management programs for diabetes and asthma, shots for tots, neonatal intensive care unit, and pediatric walk in. In addition to the provision of acute, primary, and general critical medical care to indigent, Medicare, and Medicaid populations, the hospital provides support functions such as pharmacy, blood bank, respiratory therapy, anesthesiology, and various diagnostic services.



For additional information, see:

[Leonard J Chabert Medical Center](#)

Leonard J Chabert Medical Center Budget Summary

	Prior Year Actuals FY 2006-2007	Enacted FY 2007-2008	Existing Oper Budget as of 12/01/07	Continuation FY 2008-2009	Recommended FY 2008-2009	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 9,796,720	\$ 4,278,150	\$ 4,278,150	\$ 4,478,584	\$ 4,294,962	\$ 16,812
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 9,796,720	\$ 4,278,150	\$ 4,278,150	\$ 4,478,584	\$ 4,294,962	\$ 16,812
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	9,796,720	4,278,150	4,278,150	4,478,584	4,294,962	16,812
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 9,796,720	\$ 4,278,150	\$ 4,278,150	\$ 4,478,584	\$ 4,294,962	\$ 16,812
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The source of funding for this program is State General Fund (Direct).



Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 4,278,150	\$ 4,278,150	0	Existing Oper Budget as of 12/01/07
Statewide Major Financial Changes:			
16,812	16,812	0	Legislative Auditor Fees
Non-Statewide Major Financial Changes:			
\$ 4,294,962	\$ 4,294,962	0	Recommended FY 2008-2009
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 4,294,962	\$ 4,294,962	0	Base Executive Budget FY 2008-2009
\$ 4,294,962	\$ 4,294,962	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2008-2009.

Other Charges

Amount	Description
	Other Charges:
\$4,294,962	Funding for non-allowable costs
\$4,294,962	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2008-2009.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$4,294,962	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2008-2009.



Performance Information

1. (KEY) Provide an adequate infrastructure and supportive environment for teaching and learning.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 1.1 Maintain adequate facilities and equipment (classrooms, on call rooms, resident housing).

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality healthcare for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Average daily census (LAPAS CODE - 9899)	67	72	67	67	67	73

In order for average daily census to be meaningful, it must be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data are calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.

2. (KEY) Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 4.1 Provide accessible cost effective, high quality, healthcare.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable



Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard	Actual Yearend Performance	Performance Standard as Initially Appropriated	Existing Performance Standard	Performance At Continuation Budget Level	Performance At Executive Budget Level
		FY 2006-2007	FY 2006-2007	FY 2007-2008	FY 2007-2008	FY 2008-2009	FY 2008-2009
S	Number of staffed beds (LAPAS CODE - 9898)	83	89	83	83	83	98
<p>Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Emergency department visits (LAPAS CODE - 5890)	49,702	40,221	49,702	49,702	49,702	40,000
<p>An emergency room visit is an immediate, unscheduled treatment by emergency room staff of an ill or injured person who requires medical or surgical care. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Total outpatient encounters (LAPAS CODE - 8629)	182,104	157,718	182,104	182,104	182,104	147,035
<p>Total outpatient encounters include clinic visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative, and educational services on a scheduled basis to ambulatory patients. An emergency room visit is an immediate, unscheduled treatment by emergency room staff of an ill or injured person who requires medical or surgical care. Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							

3. (KEY) Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Goal 5

Objective 5.1 Continue the system-wide development of and increased participation in the disease management initiatives aimed at healthcare effectiveness and per patient cost avoidance attributed to the prevention of complications associated with these conditions: diabetes, asthma, cancer, congestive heart failure, HIV, tobacco control, chronic kidney disease, and hypertension.

Objective 5.2 Continue implementation of Clinical Pathways.

Objective 5.3 Continue Indigent Medication Support Services and provide HIV medication support services to HIV-positive patients and prisoners.

Objective 5.4 Continue the Office of Patient Advocacy Programs.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.



Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values				
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009

K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15512)	143	187	143	143	143	143
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Hospitalization includes hospitalization for any cause. The value expressed is inpatient days per 1,000 patients. Congestive heart failure is the heart's failure to pump effectively enough to meet the body's needs for oxygen-rich blood, either during exercise or at rest. Hospitalization days related to congestive heart failure is calculated by taking the number of admissions for any cause in the past quarter times 1000 and dividing the result by the number in the congestive heart failure population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15516)	49%	53%	49%	49%	49%	49%
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Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a glycosylated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are glycosylated). Once glycosylated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HbgA1c<=7 and dividing that by the number of diabetics with current HbgA1c. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15518)	49%	38%	49%	49%	49%	49%
<p>Percentage of women >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women >=40 years of age. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15519)	38%	39%	38%	38%	38%	38%
<p>The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be performed. The Pap test is not a diagnostic test. It cannot be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test results, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition: American College of Obstetricians and Gynecologists (ACOG) Resource Center. Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							

4. (KEY) Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 6.1 Identify and respond to the customer service needs of the populations we serve and continually evaluate all internal and external customer reporting systems for efficiency and determination of need.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15510)	6.1	9.7	6.1	6.1	4.4	9.0
	Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15511)	4.4	4.5	4.4	4.4	4.4	4.4
	Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. Reference: The Comprehensive Performance of U.S. Hospitals - The Sourcebook 2002. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						
K	Percentage of Readmissions (LAPAS CODE - 9904)	11.3%	9.2%	11.3%	11.3%	11.3%	11.3%
	Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit, and psychiatric units. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						

5. (KEY) Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 7.1 Review vision, mission, and program priorities quarterly for the purpose of attaining and allocating resources.

Objective 7.2 Attract and retain the highest quality workforce responsive to the diversity of our region and of our state.

Objective 7.3 Establish and sustain dialogues with healthcare practitioners, policy makers, community leaders, and the public for development and dissemination of healthcare information.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality healthcare for every Louisiana citizen



Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
		K Patient satisfaction survey rating (LAPAS CODE - 9905)	91%	95%	91%	91%	91%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner ensuring statistically valid representation of the past population. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. Action plans are reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on the Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods," a performance level has been established that is consistent through all facilities. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.



610_10A0 — Charity Hospital & Medical Center of Louisiana



Program Authorization: R.S.17:1519-R.S.17:1519.15

Program Description

The mission of the Medical Center of Louisiana at New Orleans and University Hospital is:

- To provide access to high quality medical care.
- To develop medical and clinical work force through accredited residency and other health education programs.
- To operate efficiently and cost-effectively.
- To work cooperatively with other healthcare providers and agencies to improve healthcare outcomes, while achieving objectives.

The goals of Medical Center of Louisiana at New Orleans and University Hospital are:

- I. Teaching: To provide an adequate infrastructure and supportive environment for teaching and learning.
- II. Research: To continue generating new knowledge and technology through research and scholarly activities to enhance the well-being of the state's population and economic status.
- III. Revenue: To maintain an efficient and effective administrative structure necessary to accomplish its mission.
- IV. Access to patient care: To continue the implementation of appropriate, effective, and compassionate care that is accessible, affordable, and culturally sensitive and that will serve as a model for others in Louisiana and across the country.
- V. Quality: To serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence-based standards, in settings that support the missions.
- VI. Service: To meet and exceed the standards in customer service with internal and external partners and constituencies to advance excellence in healthcare.
- VII. Stakeholders: To provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among stakeholders.

The Medical Center of Louisiana has historically been New Orleans' major healthcare system provider, serving as the official trauma center of the greater New Orleans area, including Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, and St. John parishes. It provides acute, primary, and surgical care to indigent, Medicare, Medicaid, and private insurance patients. Programs, clinics, and services include medicine, dental, HIV, cardiology, dermatology, urology,



surgery, pulmonary, renal, oncology, neurology, obstetrics/gynecology, neurosurgery, and hyperbaric. Support functions include pharmacy, blood bank, infection control, radiology, social services, nutrition services, anesthesiology, and diagnostic services. University Hospital has 190 inpatient beds and opens beds as it hires staff. Therapies offered include respiratory, physical, occupational, and speech. Medical Emergency Services moved to the LSU Interim Hospital upon its opening November 2007. The DePaul campus opened 14 inpatient mental health beds September 2007. A school-based clinic at O. Perry Walker High School opened October 2007.

For additional information, see:

[Charity Hospital & Medical Center of Louisiana](#)

[Medical Center of Louisiana Homepage](#)

Charity Hospital & Medical Center of Louisiana Budget Summary

	Prior Year Actuals FY 2006-2007	Enacted FY 2007-2008	Existing Oper Budget as of 12/01/07	Continuation FY 2008-2009	Recommended FY 2008-2009	Total Recommended Over/Under EOB
Means of Financing:						
State General Fund (Direct)	\$ 36,398,024	\$ 41,294,967	\$ 41,294,967	\$ 42,911,123	\$ 41,303,877	\$ 8,910
State General Fund by:						
Total Interagency Transfers	0	0	0	0	0	0
Fees and Self-generated Revenues	0	0	0	0	0	0
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
Federal Funds	0	0	0	0	0	0
Total Means of Financing	\$ 36,398,024	\$ 41,294,967	\$ 41,294,967	\$ 42,911,123	\$ 41,303,877	\$ 8,910
Expenditures & Request:						
Personal Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Operating Expenses	0	0	0	0	0	0
Total Professional Services	0	0	0	0	0	0
Total Other Charges	36,398,024	41,294,967	41,294,967	42,911,123	41,303,877	8,910
Total Acq & Major Repairs	0	0	0	0	0	0
Total Unallotted	0	0	0	0	0	0
Total Expenditures & Request	\$ 36,398,024	\$ 41,294,967	\$ 41,294,967	\$ 42,911,123	\$ 41,303,877	\$ 8,910



Charity Hospital & Medical Center of Louisiana Budget Summary

	Prior Year Actuals FY 2006-2007	Enacted FY 2007-2008	Existing Oper Budget as of 12/01/07	Continuation FY 2008-2009	Recommended FY 2008-2009	Total Recommended Over/Under EOB
Authorized Full-Time Equivalents:						
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
Total FTEs	0	0	0	0	0	0

Source of Funding

The source of funding for this program is State General Fund (Direct).

Major Changes from Existing Operating Budget

General Fund	Total Amount	Table of Organization	Description
\$ 0	\$ 0	0	Mid-Year Adjustments (BA-7s):
\$ 41,294,967	\$ 41,294,967	0	Existing Oper Budget as of 12/01/07
Statewide Major Financial Changes:			
8,910	8,910	0	Legislative Auditor Fees
Non-Statewide Major Financial Changes:			
\$ 41,303,877	\$ 41,303,877	0	Recommended FY 2008-2009
\$ 0	\$ 0	0	Less Hurricane Disaster Recovery Funding
\$ 41,303,877	\$ 41,303,877	0	Base Executive Budget FY 2008-2009
\$ 41,303,877	\$ 41,303,877	0	Grand Total Recommended

Professional Services

Amount	Description
	There is no specific allocation for Professional Services for Fiscal Year 2008-2009.

Other Charges

Amount	Description
	Other Charges:



Other Charges (Continued)

Amount	Description
\$40,603,877	Funding for non-allowable costs
\$700,000	Funding for Breast and Cervical Cancer Programs
\$41,303,877	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
	There is no specific allocation for Interagency Transfers for Fiscal Year 2008-2009.
\$0	SUB-TOTAL INTERAGENCY TRANSFERS
\$41,303,877	TOTAL OTHER CHARGES

Acquisitions and Major Repairs

Amount	Description
	There is no specific allocation for Acquisitions or Major Repairs for Fiscal Year 2008-2009.

Performance Information

1. (KEY) Provide an adequate infrastructure and supportive environment for teaching and learning.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 1.1 Maintain adequate facilities and equipment (classrooms, on call rooms, resident housing).

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality healthcare for every Louisiana citizen

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Average daily census (LAPAS CODE - 9913)	416.0	76.9	182.0	182.0	182.0	282.0

In order for average daily census to be meaningful, it must be understood in context. Actual daily census can be at or over 100 percent of staffed beds on some high demand days and additional beds (over the average daily census) have traditionally been kept available by all hospitals to deal with unanticipated demand. The average daily census is a measure of the average number of inpatients occupying acute care beds in the hospital on any given day. The data are calculated by dividing the total number of acute care inpatient days in a hospital by the number of days in the reporting period (i.e. 30 days, 31 days, 365 days) Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.



2. (KEY) Continue the implementation of appropriate, effective and compassionate care that is accessible, affordable and culturally sensitive and that will serve as a model for others in Louisiana and across the country.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 4.1 Provide accessible cost effective, high quality, healthcare.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
S	Number of staffed beds (LAPAS CODE - 9912)	572	93	202	202	202	313
	Staffed beds include all adult, pediatric, neonatal intensive care unit, and psychiatric beds set up and in service for inpatients on a routine basis. Staffed beds exclude newborn bassinets, labor and delivery beds, and emergency room beds. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						
K	Emergency department visits (LAPAS CODE - 5896)	135,406	44,432	111,600	111,600	111,600	72,000
	An emergency room visit is an immediate, unscheduled treatment by emergency room staff of an ill or injured person who requires medical or surgical care. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						
K	Total outpatient encounters (LAPAS CODE - 8633)	444,696	94,808	256,596	256,596	256,596	191,000
	Total outpatient encounters include clinic visits and emergency room visits. A clinic visit is defined as organized services providing diagnostic, preventive, curative, rehabilitative, and educational services on a scheduled basis to ambulatory patients. An emergency room visit is an immediate, unscheduled treatment by emergency room staff of an ill or injured person who requires medical or surgical care. Reference: AHA Hospital Statistics, 2005 Health Forum LLC. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.						

3. (KEY) Serve as a valued partner in providing clinical care of the highest quality outcomes conforming to evidence based standards, in settings that support our mission.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Goal 5



Objective 5.1 Continue the system-wide development of and increased participation in the disease management initiatives aimed at healthcare effectiveness and per patient cost avoidance attributed to the prevention of complications associated with these conditions: diabetes, asthma, cancer, congestive heart failure, HIV, tobacco control, chronic kidney disease, and hypertension.

Objective 5.2 Continue implementation of Clinical Pathways.

Objective 5.3 Continue Indigent Medication Support Services and provide HIV medication support services to HIV-positive patients and prisoners.

Objective 5.4 Continue the Office of Patient Advocacy Programs.

Louisiana: Vision 2020 Link: Goal 3, Objective 3.3 To ensure quality health care for every Louisiana citizen.

Children's Budget Link: Goal 2-Health-All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Hospitalization rate related to congestive heart failure patients (LAPAS CODE - 15522)	406	228	406	406	200	200

Hospitalization includes hospitalization for any cause. The value expressed is inpatient days per 1,000 patients. Congestive heart failure is the heart's failure to pump effectively enough to meet the body's needs for oxygen-rich blood, either during exercise or at rest. Hospitalization days related to congestive heart failure is calculated by taking the number of admissions for any cause in the past quarter times 1000 and dividing the result by the number in the congestive heart failure population. The indicator definition is the number of admits for any reason in past quarter per 1000 patients. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.

K	Percentage of diabetic patients with long term glycemic control (LAPAS CODE - 15526)	28%	47%	28%	28%	50%	50%
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Diabetes mellitus is a disease of the pancreas (an organ behind your stomach). Normally, the pancreas releases a hormone called insulin that helps the body store and use the sugar and fat from the food individuals eat. Diabetes occurs when the pancreas does not produce any insulin, or the pancreas produces very little insulin or when the body does not respond appropriately to insulin, a condition called "insulin resistance." The hemoglobin A1C test, also called a glycosylated hemoglobin test, measures the proportion of hemoglobin molecules in a patient's red blood cells that have glucose attached to them (and thus are glycosylated). Once glycosylated, a hemoglobin molecule stays that way throughout the 3 to 4 month lifecycle of its red blood cell. Red blood cells are continually dying and being replaced, so at any given time they have a range of ages in the patient's body. The hemoglobin A1C goal for people with Type 2 diabetes is less than 7%. The finding of a major diabetes study, the Diabetes Control and Complications Trial (DCCT), found patients who keep their hemoglobin A1C levels close to 7% have a much better chance of delaying or preventing complications that affect the eyes, kidneys, and nerves than people with a hemoglobin A1C of approximately 9%. The United Kingdom Prospective Diabetes Study (UKPDS), a 20 year study that involves more than 5,000 people with type 2 diabetes, showed that intensive blood glucose control significantly reduces the risk of major diabetic eye disease and early kidney damage. Definition-American Diabetes Association & the Department of Patient Education and Health Information/Department of Endocrinology at the Cleveland Clinic - Percentage of Diabetics with current A1C <= 7 is calculated by taking the number of diabetics with current HgbA1c<=7 and dividing that by the number of diabetics with current HgbA1c. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.



Performance Indicators (Continued)

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
K	Percentage of women 40 years of age or older receiving mammogram testing in the past year (LAPAS CODE - 15528)	33%	0	33%	33%	50%	50%
<p>Percentage of women >=40 years of age with mammogram in the past year is calculated by taking the number of women >=40 years of age with a mammogram in the past year and dividing that by the number of women >=40 years of age. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Percentage of women 18 years of age or older receiving pap smear test in the past year (LAPAS CODE - 15529)	28%	0	28%	28%	50%	50%
<p>The Pap test is a screening test for malignant changes of the cervix. A positive result indicates that there may be a problem and that further diagnostic procedures must be performed. The Pap test is not a diagnostic test. It cannot be used to exclude a cancer of cervix for a person who has symptoms that could be due to a cervical cancer. Pap test screening is recommended for all women beginning at age 18 years or at the onset of sexual activity, if earlier. The screening interval is usually every year, although, if there have been no previous abnormal test results, the interval may be extended. The Pap test is performed by gently scraping cells from the cervix, smearing them onto a microscope slide and sending it to a pathology laboratory for evaluation. Definition: American College of Obstetricians and Gynecologists (ACOG) Resource Center. Percentage of Women >= 18 years of age with a pap smear in the past year is calculated by taking the number of women >=18 years of age with a pap smear in the past year and dividing that by the number of women in the population >=18 years of age. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							

4. (KEY) Meet and exceed the standards in customer service with our internal, external partners and constituencies to advance excellence in health care.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 6.1 Identify and respond to the customer service needs of the populations we serve and continually evaluate all internal and external customer reporting systems for efficiency and determination of need.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality health care for every Louisiana citizen

Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable



Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
S	Average length of stay for psychiatric inpatients (LAPAS CODE - 15520)	15.3	0	Not Applicable	Not Applicable	Not Applicable	14.6
<p>Average length of stay for psychiatric inpatients is a projection of length of stay for individuals who are receiving treatment for mental or emotional disorders while lodged in the hospital at least overnight. The average length of stay is compared to median values for groups of hospitals similar in size and teaching status. The average length of stay for psychiatric inpatients is calculated by dividing the total number of discharge days for psychiatric care by the total number of discharges for psychiatric care. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
S	Average length of stay for acute medical surgery inpatients (LAPAS CODE - 15521)	5.1	6.3	6.0	6.0	6.0	5.7
<p>Acute Care is a type of healthcare in which a patient is treated for an acute (immediate and severe) episode of illness, for the subsequent treatment of injuries related to an accident or other trauma, or during recovery from surgery. Acute care is given in the hospital by specialized personnel, using complex and sophisticated technical equipment and materials. Unlike chronic care, acute care is often necessary for only a short time. Average length of stay for acute medical surgery inpatients is the total number of acute care medical surgery discharge days divided by the total number of acute care medical surgery discharges from the hospital. The average length of stay is a key indicator of utilization and clinical management and is predictive of the average resources used during a patient's stay in the hospital. Reference: The Comprehensive Performance of U.S. Hospitals - The Sourcebook 2002. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							
K	Percentage of Readmissions (LAPAS CODE - 9917)	10.3%	7.3%	10.3%	10.3%	10.3%	10.3%
<p>Readmission is total readmissions for any cause or diagnoses occurring within 32 days of discharge. The readmission rate is calculated on all areas of care, including Obstetrics, acute care readmissions only. Excludes readmissions to rehabilitation, detoxification unit, and psychiatric units. Excludes admissions for research at Medical Center of Louisiana at New Orleans. The percentage is calculated by dividing readmissions incurred within 32 days of previous discharge by total admissions. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.</p>							

5. (KEY) Provide opportunities and resources for continuous improvement of workforce and foster cooperation and communication among our stakeholders.

Strategic Link: HCSD FY 2005-2010 Strategic Plan - Objective 7.1 Review vision, mission, and program priorities quarterly for the purpose of attaining and allocating resources.

Objective 7.2 Attract and retain the highest quality workforce responsive to the diversity of our region and of our state.

Objective 7.3 Establish and sustain dialogues with healthcare practitioners, policy makers, community leaders, and the public for development and dissemination of healthcare information.

Louisiana: Vision 2020 Link Objectives 3.3 To ensure quality healthcare for every Louisiana citizen



Children's Budget Link: Goal 2 - Health - All Louisiana Children will have access to comprehensive health services

Human Resource Policies Beneficial to Woman and Family Link: Not applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not applicable

Performance Indicators

L e v e l	Performance Indicator Name	Performance Indicator Values					
		Yearend Performance Standard FY 2006-2007	Actual Yearend Performance FY 2006-2007	Performance Standard as Initially Appropriated FY 2007-2008	Existing Performance Standard FY 2007-2008	Performance At Continuation Budget Level FY 2008-2009	Performance At Executive Budget Level FY 2008-2009
		K Patient satisfaction survey rating (LAPAS CODE - 9918)	83%	83%	83%	83%	83%

The patient satisfaction indicator measures customer perception of facility services, care, treatment, personnel, etc., and serve as a basis to identify opportunities for improvement. Satisfaction questionnaires are distributed in each facility on a quarterly basis and in a manner ensuring statistically valid representation of the past population. Results are compiled and distributed within 45 days of each quarter. Each hospital and department receiving a patient satisfaction survey report trends the survey question data to identify opportunities for improvement. Action plans are reported to the departmental performance improvement committee up to the hospital committee responsible for prioritizing projects and allocating project resources. Software used to calculate results is based on the Rash measurement tool. Pursuant to HCSD policy 3002-03, "Explanation of Patient Satisfaction Distribution Protocol and Statistical Reporting Methods," a performance level has been established that is consistent through all facilities. The SFY 2008 Performance is based on an anticipated standstill 2007 budget. Hence, 2008 projections are the same as 2007 actuals for the disease management and productivity indicators and 2007 performance standards for remaining indicators.

